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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,822.00)

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 10/735,926-Conf. #4251 |
| Filing Date | December 16, 2003 |
| First Named Inventor | Masatoshi Shiraishi |
| Examiner Name | D. Chacko Davis |
| Art Unit | 1795 |
| Attorney Docket No. | OMY-0034 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 52 | 26 |
| 220 | 110 |
| 390 | 195 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| | | | | | |
|--------------|--------------|----------|---------------|---------------------------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
| 8 - 30 or HP | x | = | | Fee (\$) | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 1 - 8 or HP | x | = | |

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

1,510.00

Other (e.g., late filing surcharge): 1501 Utility issue fee

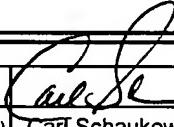
300.00

1504 Publication fee for early, voluntary, or normal ...

8001 Printed copy of patent w/o color

12.00

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|-------------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 29,211 | Telephone | (202) 955-3750 |
| Name (Print/Type) | Carl Schaukowitch | Date | May 8, 2009 | | |

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| | | | | |
|---|--------------------------------------|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | | Deposit Account Number: 18-0013 | | Deposit Account Name: Rader, Fishman & Grauer PLLC |

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| | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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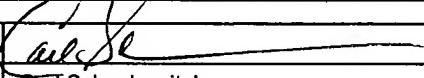
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8001 Printed copy of patent w/o color 12.00

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